

215047473
69956

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

| | | | | | | |
|--|--|--|---|--|--|--|
| 1 | Total Number of Vehicles | Local No./ District 113 | Agency Case No. B5-106960 | HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO | INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO | L 1 |
| A/1 | DATE OF ACCIDENT | M M / D D / Y Y Y Y S M T W T H F S 11/16/2015 | | TIME OF ACCIDENT 0828 | STATE USE ONLY | |
| A/2 | PLACE OF ACCIDENT | COUNTY Lancaster | POLICE NOTIFIED 0828 | 11/16/2015 | | |
| B | CITY Lincoln | PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO | LATITUDE | | | |
| C | ROAD ON WHICH ACCIDENT OCCURRED | STREET/ HIGHWAY NO. n. 11 at SAUNDERS - SUN VALLEY | | ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO | LONGITUDE | |
| 1 | DISTANCE FROM MILEPOST | FEET | N S E W OF MILEPOST | HIGHWAY NO. | | |
| D | IF AT INTERSECTION | | IF NOT AT INTERSECTION | | | |
| 4 | NAME OF INTERSECTING ROADWAY | | <input checked="" type="radio"/> FEET <input type="radio"/> MILES | N S E W | OF NEAREST STREET, BRIDGE, RAILROAD CROSSING | |
| V1/M | 98.00 | | X | SAUNDERS | | |
| V2/M | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN | | | | | |
| E | R. WORK ZONE CODES | R1 R2 R3 R4 | S. PEDESTRIAN CLASSIFICATION CODES | S1 S2 S3 S4 S5-a S5-b S6-a S6-b | DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO | |
| 1 | 1 | | | | | |
| F | VEHICLE NO. 1 | | | | | |
| 1 | DRIVER LICENSE NO. | H12468219 | | STATE (Of License) | NE | SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE |
| V1/N | DRIVER | HAITHAM N ALAMIRI | | PHONE | 402-405-9243 | |
| V2/N | DRIVER ADDRESS | CITY, STATE, ZIP | | DATE OF BIRTH (MM / DD / YYYY) | 07/01/1973 | |
| G | OWNER | A and B AUTO | | PHONE | 402-435-6444 | |
| 4 | OWNER ADDRESS | CITY, STATE, ZIP | | CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO | CITATION NO. LB 492148 | |
| H | LICENSE PLATE NO. | none | | YEAR (Plate Expires) | STATE (Of Plate) | |
| V1/O | VEHICLE | 2004 | Make Ford | MODEL MUSTANG CC | BODY STYLE 2 door Sedan | COLOR blue |
| 3 | VEHICLE ID NO. (VIN) | 1FAFP45X34F132181 | | ESTIMATED DAMAGE | <input type="radio"/> TOALED \$ 5000 | |
| V2/O | TOWED TO | TOWED BY | | INSURANCE COMPANY | AMCO INSURANCE | |
| I | VEHICLE NO. 2 | | | | | |
| 1 | DRIVER LICENSE NO. | | | STATE (Of License) | | SEX <input type="radio"/> FEMALE <input type="radio"/> MALE |
| V1/P | DRIVER | | | PHONE | LOCAL NO. | |
| V2/P | DRIVER ADDRESS | CITY, STATE, ZIP | | DATE OF BIRTH (MM / DD / YYYY) | | |
| J | OWNER | | | PHONE | LOCAL NO. | |
| 01 | OWNER ADDRESS | CITY, STATE, ZIP | | CITATION <input type="radio"/> YES <input type="radio"/> NO | CITATION NO. | |
| V1/Q | LICENSE PLATE NO. | | | YEAR (Plate Expires) | STATE (Of Plate) | |
| V2/Q | VEHICLE | YEAR | MAKE | MODEL | BODY STYLE | COLOR |
| K | VEHICLE ID NO. (VIN) | | | ESTIMATED DAMAGE | <input type="radio"/> TOALED \$ | |
| 01 | TOWED TO | TOWED BY | | INSURANCE COMPANY | POLICY NO. | |
| Complete this section for all injured persons (Complete a continuation report, if more than three were injured) | | | | DATE OF BIRTH (MM / DD / YYYY) | 1 Seat Position | 2 Eject |
| VEH. # | NAME | ADDRESS | | | 3 Body Region | 4 Injury Sev. |
| | LOCAL NO. | MEDICAL FACILITY NAME | | EMS SERVICE NAME | 5 Trans. | SEX M F |
| VEH. # | NAME | ADDRESS | | | | |
| | LOCAL NO. | MEDICAL FACILITY NAME | | EMS SERVICE NAME | | |
| VEH. # | NAME | ADDRESS | | | | |
| | LOCAL NO. | MEDICAL FACILITY NAME | | EMS SERVICE NAME | | |

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-106960



Indicate
North
by Arrow

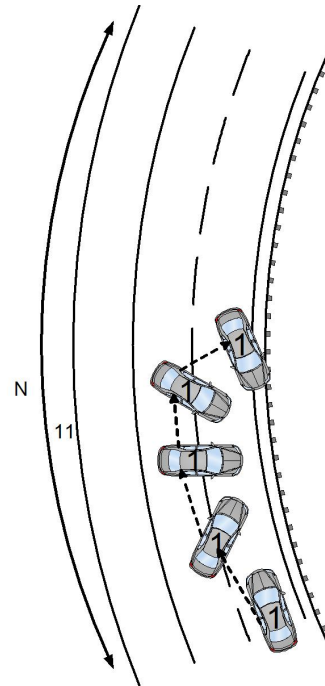


Not To Scale

POI- 98 feet south of the south curb of
Saunders and the west curb of n.11

To
Sunvalley

To
Saunders



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of veh #1 said that he was south bnd on n.11 attempting to catch a person that had been observed stealing from the Auto Dealership lot where he is employed. Driver #1 said that he spun out of control and hit the guardrail.

| | | | | | |
|------------------|-------------------------------------|---|---------|------------------------------|---|
| PROPERTY | OBJECT DAMAGED GUARD RAIL | OWNER NAME CITY OF LINCOLN 575 s. 10, LINCOLN, NE | ADDRESS | PHONE 402-441-6000 | APPROX. COST OF DAMAGE \$ 250 |
| | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE \$ |
| WITNESSES | NAME | | | | PHONE |
| | NAME | | | | PHONE |

| VEHICLE MOVEMENT BEFORE COLLISION | | | | POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i> | | | | AIRBAG DEPLOYED VEHICLE 1 | | RESTRAINT USE VEHICLE 1 | | TOTAL OCCUPANTS | | | | | |
|-----------------------------------|----|----------------------------------|---|--|----------------------|----------------------|-----------------|---------------------------|-----------------|------------------------------|--------------------------------|-----------------|-----------|--------------|-----------------|-------|--|
| VEH NO. | N | S | E | W | ROAD OR HIGHWAY NAME | | VEHICLE 1 | | VEHICLE 2 | | VEHICLE 1 | | VEHICLE 2 | | VEH 1 | VEH 2 | |
| 1 | | X | | | n. 11 | | POINT OF IMPACT | 08 | POINT OF IMPACT | | | | | | | 1 | |
| 2 | | | | | | | POINT OF IMPACT | | POINT OF IMPACT | | | | | | | | |
| 1 | 01 | 06 Turning left | | | | MOST DAMAGED AREA | 08 | MOST DAMAGED AREA | | | 1 None used - vehicle occupant | | | | ALCOHOL TESTING | | |
| 2 | | 08 Entering traffic lane | | | | MOST DAMAGED AREA | | MOST DAMAGED AREA | | | 2 Lap & shoulder belt used | | | | Driver No. 1 | | |
| | | 09 Leaving traffic lane | | | | 00 None | | 02 | | 3 Deployed - both front/side | | | | Driver No. 2 | | | |
| | | 10 Parked | | | | 09 Top & windows | | 03 | | 4 Not deployed | | | | Pedestrian | | | |
| | | 11 Slowing or stopped in traffic | | | | 10 Undercarriage | | 04 | | 5 Child safety seat used | | | | | | | |
| | | 12 Other | | | | 11 Total (all areas) | | 05 | | 6 DOT approved helmet used | | | | | | | |
| | | 13 Unknown | | | | 12 Other | | 06 | | 7 Costume helmet used | | | | | | | |
| | | | | | | | | | | 8 Restraint use unknown | | | | | | | |
| | | | | | | | | | | 9 Restraint use unknown | | | | | | | |

| | | | |
|---|------------------------------|---|--|
| OFFICER NO. 764 | TROOP/TEAM/BEAT NW | DEPARTMENT Lincoln Police Department | Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| INVESTIGATOR NAME <i>(Print or Type)</i> Michael Schaaf | | INVESTIGATOR SIGNATURE Approved by Ofc Michael Schaaf | |
| DATE OF REPORT 11/16/2015 | | | |